

Community Right-to-Know
(REQUIRED INFORMATION)

ID #: _____
(12-digit number beginning with CRK or WA)

Facility Identification Name _____ Address _____ City _____ County _____ State _____ Zip _____ Latitude _____ Longitude _____ SIC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dun & Bradstreet No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Owner/Operator Name _____ Street _____ City _____ State _____ Zip _____ Phone () _____	Main Contact Name _____ Email _____ Title _____ Phone () _____ Fax () _____ Mailing Address <i>Must be included if different from Facility Address</i> Address _____ City _____ State _____ Zip _____ Emergency Contact Name _____ Title _____ Phone () _____ 24-hr. Phone () _____ Name _____ Title _____ Phone () _____ 24-hr. Phone () _____
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Important: Read all instructions before completing form.

Reporting Period: From January 1 to December 31, _____

☐ Subject to section 112r of Clean Air Act

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes Container Type Pressure Temperature	Storage Locations (Non-Confidential)
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> Max. Amount (lbs.) <input type="text"/> Avg. Amount (lbs.) <input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru _____, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator's authorized representative

Signature

Date Signed

OPTIONAL ATTACHMENTS

- ☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Facility ID# _____
Facility Name _____

TIER TWO CONTINUATION FORM

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	INVENTORY	Storage Codes			Storage Locations (Non-Confidential)
			Container Type	Pressure	Temperature	<i>Only 105 characters available including spaces (Please Print)</i>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="text"/> Max Amt (lbs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Chem. Name _____	<input type="checkbox"/> Sudden Release of Pressure	<input type="text"/> Avg. Amt (lbs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
EHS Name _____	<input type="checkbox"/> Reactivity	<input type="text"/> Max. Daily Amt (code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/> Immediate (acute)	<input type="text"/> Avg. Daily Amt (code)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Delayed (chronic)	<input type="text"/> No. of Days Onsite	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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